

STATE ID NUMBER 83300815

Please print or type with ELITE type (12 characters per inch).

GENERATOR NAME AND MAILING ADDRESS

Oil & Solvent Process Company
1704 West First Street
Azusa, Ca 91702 Tel 213 334-5117

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

CAD008302903

AREA CODE/PHONE NUMBER

TRANSPORTER NO. 1

Oil & Solvent Process Company
1704 West First Street
Azusa, Ca 91702

VEH./CONTAINER NO.

EPA ID NUMBER

42574 CAD008302903

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

Omega Chemical Company
12504 E. Whittier Blvd
Whittier, Ca 90602 Tel 213 698-0991

AREA CODE/PHONE NUMBER

CAD042245001

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	WASTE CAT. NO.	DISP. METH.
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX		E	XXXXXXXXXX		
Hazardous Waste Liquid N.O.S.	NA 9189	2,006	G	40D M	211	
COMPONENTS			CONC. RANGE		UNITS	
			UPPER	LOWER	%	PPM
Trichlorotrifluoroethane			98	94	X	
Methanol / Ethanol			2	0	X	
Water / Dirt / Oil			2	0	X	

SPECIAL HANDLING INSTRUCTIONS

Gloves & Goggles

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

Betty Peckham-OSCO

Printed or typed full name and signature

MO. DAY YR.
11 10 83

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DAVID H SAUCEPO

DATE REC'D & ACCEPTED MO. DAY YR.
11 10 83

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DATE REC'D & ACCEPTED MO. DAY YR.
11 10 83

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.

Henry Solomon
Printed or typed full name and signature

DATE RECEIVED & ACCEPTED
EPA ID NUMBER
MO. DAY YR.
CAD042245001 11 10 83

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS